

Foster Family Home - Corrective Action Report

Provider ID: 1-562688

Home Name: Luzviminda Godoy, CNA

Review ID: 1-562688-6

94-1030 Mahoe Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/16/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 2/16/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- No current APS/CAN/Fingerprinting result seen in home binder for HHM#3 (turned 18 year old on 5/2019).

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No training done on confidentiality and privacy practice for CG#5 and HHM#3.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- No TB clearance result seen in home binder for HHM#3.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- No signature on Emergency Preparedness Plan form for CG#4.

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Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies noted on Client #1 and Client #2.

For Client #1- one of the medications that was discontinued by MD on 10/25/19 had not been discontinued in the Medication Administration Record.

For Client #2- one medication bottle's dose doesn't match the MD order and Medication Administration Record.

Shantel Nakamura, RN
Compliance Manager

[Signature]
Primary Care Giver

1/16/2020
Date

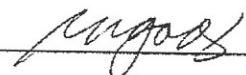
1/16/2020
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Luzviminda Godoy

CCFFH Address: 94-1030 Mahoe Pl, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1), (2)	HHM#3 obtain current APS Finger Print, result file on the binder and its done.	2/14/20	Home will use an iPhone calendar to schedule due dates 2-3 months in advance to prevent future lapses.
16.(b)(5)	CG #5 and HHM#3 were trained in confidentiality and privacy practice. Both signed the form and filed in home binder.	2/12/20	In the future, home will perform training within 1-2 days of adding new new caregiver/household members.
41.(b)(7)	HHM#3 obtained TB clearance. Result filed in home binder.	2/20/20	Home will use an iPhone calendar to schedule due dates a month in advance to prevent future lapses.
50.(a)	CG#4 was trained by CG#1 on Emergency Preparedness Plan. CG#4 signed form and filed in home binder.	1/19/20	In the future, home will perform training within 1-2 days of adding new caregiver.
54.(c)(5)	CG#1 contacted MD, CMA, RN and pharmacy to correct client #1 and client #2's Medication Administration Record.	2/12/20	CG #1 will double check all new medications prior to administering and will follow the 5 rights of Medication Administration. If discrepancy is noted CG#1 will notify MD, CMA, RN and pharmacy.

Primary Caregiver's Signature: 

Print Name: Luzviminda Godoy

Date of Signature: 2/21/20